

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>JH</i>	71348	5-15-98
<b>O.I.P.E. CLASSIFIER</b>		7	5-15-98
<b>FORMALITY REVIEW</b>	<i>HM</i>	60854	5-15-98

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	Final Original 5-15-98
2	✓ ✓ ✓
3	✓ ✓
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	✓ ✓
9	✓ ✓
10	✓ ✓
11	✓ O
12	O O
13	✓ ✓
14	✓ ✓
15	O O
16	✓ ✓
17	✓ ✓
18	✓ O
19	O O
20	✓ ✓
21	✓ ✓
22	O O
23	✓ ✓
24	✓ ✓
25	✓ O
26	O O
27	✓ ✓
28	✓ ✓
29	O O
30	✓ ✓
31	✓ ✓
32	✓ ✓
33	✓ O
34	O O
35	✓ ✓
36	✓ ✓
37	O O
38	✓ ✓
39	✓ ✓
40	✓ ✓
41	✓ O
42	O O
43	✓ ✓
44	✓ ✓
45	O O
46	✓ ✓
47	✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here